Department of Labor & Industries Apprenticeship Section PO Box 44530 Olympia WA 98504-4530



REQUEST FOR CANCELLATION OF PROGRAM

L&I apprenticeship coordinator

TO: Washington State Apprenticeship & Training Council		
From:		
:		
(NAME OF PROGRAM) Check Type of Standards being requested to be cancelled: Committee Plant OJT		
Number of Registered Apprentices or Trainees: Reason(s):		
	2000	
Requested by: (chr.)	page of Approved by: Washington State Apprenticeship & Training Counci	
(sec.)	Secretary of Council	
date:	date:	